# **HEALTH CARE PROCESS EVALUATION**

Survey produced by the Parent Focus Group of the Phoenix Pediatrics' Partners in the Medical Home Project 2000.

The purpose of this survey is for families to evaluate the quality of health care provided in their doctor's office, clinic, hospital, or related health care setting. The evaluation is based on criteria established by families of children with special health care needs and health care provider organizations. The criteria measure performance and the process of care. It also provides an objective basis for improving the quality of health care.

Please provide the following information so we may better understand the needs of your family:	
Patient's primary diagnosis	
Patient's secondary diagnosis	
Date of birth	
Number of visits to the primary care physician's office (average per year)	
Primary care physician	
Physician, facility, hospital, or clinic being evaluated	
Physician's specialty (if not primary care)	
Primary insurance	
Secondary insurance	
Other insurance	
Date completed	
Primary language spoken in the home	
Patient's ethnicity (please check all that apply):	
<ul> <li>□ African American</li> <li>□ Hispanic/Latino</li> <li>□ Pacific Islander</li> <li>□ White Non-Hispanic</li> <li>□ Other (please specify)</li> </ul>	
Please use the following scale to rate the ADEQUACY of each item:	
1 = Not Present3 = Present and adequate2 = Present but NOT adequate4 = Outstanding	
Please use the following scale to rate the IMPORTANCE of each item:	
1 = Not Applicable 2 = Nice idea, but not essential 3 = Essential	

#### 1. ACCESS TO CARE

The patient and family receive impartial access to information, treatment, and accommodations that are available or medically indicated, regardless of race, creed, gender, age, national origin, diagnosis, prognosis, or sources of payment for care.

INDICATORS: Adequacy			uacy Important				
Staff provide information on:							
Cost of treatment.	1	2	3	4	1	2	3
<ul> <li>Explanations of fees, charges, and procedures.</li> </ul>	1	2	3	4	1	2	3
Policies, procedures, and routines.	1	2	3	4	1	2	3
Financial assistance, if requested.	1	2	3	4	1	2	3
<ul> <li>Assistance making referral/appointment with a specialist or primary care physician, if requested.</li> </ul>	1	2	3	4	1	2	3
<ul> <li>Obtaining copies of medical records in a timely fashion and at a nominal fee, if requested</li> </ul>	1	2	3	4	1	2	3

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#### 2. IDENTITY

Patients have the right to know the identity of physicians, nurses, and others involved in their care; as well as when those involved are students, residents, or other trainees.

INDICATORS:	Adequacy Importa			ance			
Staff introduce themselves and explain their role in the patient's		2	3	4	1	2	3
care.							
Patient and family can request not to be cared for or observed by							
students or any other staff member. Staff does not let this affect							
the care given to the patient by staff members.	1	2	3	4	1	2	3

Comments			

# 3. RESPECT, DIGNITY, and EMOTIONAL SUPPORT

The patient and family have the right to receive considerate, respectful care with recognition of personal dignity and impartial access to emotional and spiritual support; at all times and under all circumstances, regardless of race, creed, gender, national origin, diagnosis, prognosis, or sources of payment for care.

INDICATORS:		Ade	equa	су	lm	port	ance	
Staff create an atmosphere where the patient and family feel	1	2	3	4	1	2	3	
welcome.								
Staff objectively and respectfully speak and write about the								
patient and family.	1	2	3	4	1	2	3	
Staff respect and support the patient's and family's right to:								
<ul> <li>Seek emotional support from whomever they choose.</li> </ul>	1	2	3	4	1	2	3	
<ul> <li>Have family or friends accompany them during a visit.</li> </ul>	1		3	4	1	2	3	
<ul> <li>Express their feelings and emotions (positive and</li> </ul>	1	2	3	4	1	2	3	
negative).								
Be provided with opportunities to talk with other	1	2	3	4	1	2	3	
professionals if they desire to do so.	1	2	3	4	1	2	3	
The necessary time to listen to the patient and family.								
Staff permits family to be with the patient during medical								
treatments and procedures.	1	2	3	4	1	2	3	
When not possible for family to accompany the patient, staff								
explains why, and familiar staff accompany patient.	1	2	3	4	1	2	3	l

Comments	

#### 4. **COMMUNICATION**

The patient and family have a right to obtain from health care providers complete and current information about the diagnosis, treatment, and expectations about outcome. The patient and family have a right to be treated as vital members of the medical team. When the patient or family does not speak or understand English or are hearing impaired, an interpreter or other means of communication is provided.

INDICATORS:	Adequacy Import		ance				
Staff recognize the importance of sharing information with							
patient and family to:							
Help make decisions about care.	1	2	3	4	1	2	3
<ul> <li>Explain all the options, risks, and choices available.</li> </ul>	1	2		4	1	2	3
<ul> <li>Receive a second opinion from another doctor, if</li> </ul>	1	2	3	4	1	2	3
requested.	1	2	3	4	1	2	3
<ul> <li>Review medical records with a health care professional.</li> </ul>		_	_			•	_
<ul> <li>Share information regarding symptoms, treatments,</li> </ul>	1	2	3	4	1	2	3
medicines, and other illnesses.							
Staff acknowledge the patient and family as vital members of							
the medical team by:							
<ul> <li>Working with the patient and family to develop all areas</li> </ul>							
of the plan of care.	1	2	3	4	1	2	3
<ul> <li>Allowing them to specify how they want to participate in</li> </ul>							
the patient's care.	1	2	3	4	1	2	3
Showing consideration and appreciation for their						_	_
participation in the patient's care.	1	2	3	4	1	2	3

Comments	

#### 5. CONSENT

The patient and family have the right to participate in decisions involving the patient's health care. The patient also has the right to refuse treatment to the extent permitted by law.

INDICATORS:		Ade	quac	У	/ Importan			
Staff provide the patient and family with information about any								
policy that might affect their health care choices.	1	2	3	4	1	2	3	
Staff permit the patient and family to:								
<ul> <li>Change their minds at any time with regards to participation in patient care.</li> </ul>	1	2	3	4	1	2	3	
<ul> <li>Refuse experimental or educational treatment, and still provide the patient with appropriate care.</li> <li>Refuse treatments as permitted by law.</li> </ul>	1	2	3	4 4	1 1	2	3	
<ul> <li>Change their minds about care and treatment even if permission has already been given, and still provide the patient with appropriate care.</li> </ul>	1	2	3	4	1	2	3	

Comments		

#### 6. PRIVACY & CONFIDENTIALITY

The patient and family have a right to expect every consideration of adequate personal and informational privacy, within the law.

INDICATORS:		Aded	quacy	/	Imp	orta	псе
Staff respect the patient's and family's need for physical and							
emotional privacy.	1	2	3	4	1	2	3

All case discussion, consultations, examinations, and treatments							
are conducted so as to protect the patient's and family's personal							
and informational privacy.	1	2	3	4	1	2	3
Staff keep all personal and informational records pertaining to the							
patient's care confidential in accordance with state law, except in							
cases with suspected abuse or health hazards when reporting is	1	2	3	4	1	2	3
permitted or required by law.							
Staff, when releasing information, advise and emphasize the							
confidentiality of the information to all parties entitled to review							
information and records.	1	2	3	4	1	2	3
Staff respect confidences shared by patient and family. If staff							
need to share confidential information, they try to advise the	1	2	3	4	1	2	3
patient or family first.							

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### 7. GROWTH and DEVELOPMENT

The patient has the right to developmentally appropriate care with respect to the manner in which personnel speak and interact with him or her, choices of activities, and inclusion in decisions made about care.

INDICATORS:		Ade	quac	<b>y</b>	lm	oorta	nce
Staff are knowledgeable about the patient's condition and care.	1	2	3	4	1	2	3
Staff acknowledge the patient and speak with him or her in an appropriate manner using terms and phrases he or she can understand.	1	2	3	4	1	2	3
Staff recognize the patient as a vital member of the medical team and involve him or her in decisions when appropriate.	1	2	3	4	1	2	3

Comments		

# 8. TRANSFER, DISCHARGE and CONTINUITY OF CARE

The patient may not be transferred to another health care provider/facility unless, and until the patient and family have received a complete explanation of the need for the transfer, the choices to the transfer, and the transfer is acceptable to the other facility.

INDICATORS:		Ade	equa	су	lm	porta	ance
Staff provide the patient and family with information about helpful resources in the community.	1	2	3	4	1	2	3
<ul> <li>Staff acknowledge the patient and family have a right to:</li> <li>Engage their Primary Care Physician (PCP) in all areas of the patient's care.</li> <li>Change health care providers at any time.</li> <li>Receive education on home care that is complete</li> </ul>	1	2 2	3 3	4 4	1 1	2 2	3
<ul> <li>including follow up care and use of equipment.</li> <li>Be included in any decision regarding transfer or referral to another health care provider.</li> </ul>	1	2	3	4	1	2	3

Staff make reasonable provisions for the patient and family to:							
<ul> <li>Receive reasonable continuity of care when appropriate</li> </ul>							
and to be informed by physicians and other caregivers of							
available and realistic patient care options.	1	2	3	4	1	2	3
Ask and be informed of the existence of business relationships among the beautiful educational institutions.							
relationships among the hospital, educational institutions, other health care providers, or payers that may influence							
the patient's treatment and care.	1	2	3	4	1	2	3
<ul> <li>Receive reasonable continuity of care when appropriate</li> </ul>							
and to be informed by physicians and other caregivers of	4	2	2	4	4	2	2
available payment methods.	l I	2	3	4	1	2	3
Receive appropriate continuity of care in regards to	4	2	2	1	1	2	2
supplies and services.	1	2	3	4	1	2	3

Comments				

#### 9. PERSONAL SAFETY

The patient and family have the right to expect reasonable safety in the health care facility.

INDICATORS:		Ade	quac	<b>y</b>	lm	porta	ınce
Staff maintain a safe environment for all patients and visitors.	1	2	3	4	1	2	3
Staff take care to provide appropriate safety and care when							
family can not be with the patient.	1	2	3	4	1	2	3

### 10. RESOLUTION OF ETHICAL ISSUES

The patient and family have a right to access the Ethics Committee as a means of dealing with ethical issues regarding patient care.

Staff locate a medical ethicist when one is not available. 1 2 3				
Staff locate a medical ethicist when one is not available. 1 2 3	4	1	2	3

Comments			
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## 11. COMPLAINT and GRIEVANCE PROCEDURE

The patient and family have the right to voice any dissatisfaction they have with the treatment or care the patient receives. The facility does not discharge patients or discriminate in any way against any patient or family by whom, or on whose behalf, a complaint has been submitted. It is the responsibility of the facility to resolve complaints quickly, fairly, and efficiently.

INDICATORS:		A	dequ	uacy	In	nport	ance
Staff recognize the patient and family have a right to complain and grieve. Staff respect this right by reaching a reasonable resolution without change to services in a timely manner.	1	2	3	4	1	2	3
Staff continue to respect and give quality care to anyone involved in the complaint/grievance process.	1	2	3	4	1	2	3

Comments		